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APPLICANTS

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** CONTINUING DATA *****

None KY 7/3/07

** FOREIGN APPLICATIONS *****

None NY 7/3/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 8	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>KY</i>				

ADDRESS

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TITLE

System and method for comprehensive service translation

FILING FEE RECEIVED 1284	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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